

Try RCE

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number: 10/729,014	Confirmation Number: 9097
	Filing Date: December 8, 2003	
	First Named Inventor: Luc Nicholas-Morgantini et al.	
	Group Art Unit: 1751	
	Examiner: E. Elhilo	
Attorney Docket Number: 06028.0034-00000		



This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. § 1.114:** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.

ii. ☐ Other _____

b. ☐ **DO NOT ENTER** the amendment(s) previously filed on _____. An alternate submission is attached.

c. ☒ Enclosed submission:

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)

b. ☐ Other _____

3. **Fees**

a. ☒ The filing fee is calculated as follows:

i. ☒ \$790.00 RCE fee required under 37 C.F.R. § 1.17(e)

ii. ☐ Petition for extension of time for (_____ Months) \$_____.

iii. ☐ Other _____

b. ☒ Check in the amount of \$790.00 enclosed.

c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916.

Signature of Applicant, Attorney, or Agent Required	
Name: Thalia V. Warnement	Reg. No.: 39,064
Signature: <i>Thalia V. Warnement</i>	Date: March 29 2007 03/30/2007 HMARZ11 00000013 10729014
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